Application or Docket Number

PATENT AP 1. CATIO	ATENT AP 1. CATION FEE DETERMINATION RECORD Effective October 1, 2001							10/05/190				
C AIMS AS FILED - PART I (Column 1) (Column 2)						MALL EN	_	OR	OTHER SMALL E			
TOTAL CLAIMS	93				Γ	RATE	FEE		RATE	FEE		
FOR	NUMBER FILED		NUMBER EXTRA		B	ASIC FEE	370.00	OR	ASIC FEE	740.00		
TOTAL CHARGEABLE : AIMS	23 min	us 20=	• 3			X\$ 9=		OR	X\$18=	54		
INDEPENDENT CLA'r. L	5 mir	us 3 =	. 5		T	X42=		OR	X84=	168		
MULTIPLE DEPENDE 1: CLAIM	LE DEPENDE 17 CLAIM PRESENT				t	+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	4/2		
CLA: 15 AS AMENDED - PART II						SMALL (ENTITY	OR	OTHER SMALL			
A LANGE TO		HIGH NUM PREVI	HEST HEST OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total . 2) Independent . 5	Minus	-2	3	.0		X\$ 9=		OR	X\$18=			
Independent . 5	Minus	*** J		0		X42=		OR	X84=			
FIRST PRESENT : GN OF I	MULTIPLE DEI	PENDEN	T CLAIM		ı	+140=		OR	+280=	·		
11/					L	YOTAL ODIT, FEE		OR	YOYAL ADDIT, FEE			
7/28/05 (July 1)		(Colu	mn 2)	(Column 3)	i e							
Total 23		NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total 23	Minus		23	• /	1	X\$ 9=		OR	X\$18=	•		
Indupendent . 5	Minus	***	5	-/_	۱۱	X42=		OR	X84=			
FIRST PRESENT 1 SIN OF	AULTIPLE DEPENDENT CLAIM /					+140=		OR	+280=			
					I	TOTAL		OR	YOTAL ADDIT, FEE			
		(Cal	umn 2)	(Column 3)		ADDIT. FEE			AUGII. PEE			
Total Independent		HIG NU PRE	MEST MBER NOUSLY D FOR	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE		
Tota!	Minus	44			H	X\$ 9=		OR	X\$18=			
Inderension	Minus	200		<u> -</u>	П	X42=		OR	X84=			
FIRST PRESE - FIRST OF	MULTIPLE DE	WULTIPLE DEPENDENT CLAIM						OR				
* If the inner section is its than the entry in column 2, write "O" in column 3.						+140=		OR	TOTA			
** If the " 3 / 9 yously Paid For" IN THIS SPACE is less than 20, onler 20. ADDIT, FEE ADDIT, FEE ADDIT, FEE The "Highest humber found in the appropriate box in column 1. The "Highest humber found in the appropriate box in column 1.												
FORM P10-273 and disc. DEPARTMENT OF COMMERC												